

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/889682

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
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22		2				
23		2				
24		2				
25		2				
26	1					
27	1					
28	1					
29						
30						
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4		2			
TOTAL DEP.	25		29			
TOTAL CLAIMS	29		26			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54			1			
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS